

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

09701623

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51						
2		1					52						
3	1						53						
4		1					54						
5	1						55						
6	1						56						
7		3					57						
8		3					58						
9		3					59						
10		3					60						
11		3					61						
12		3					62						
13		3					63						
14	1						64						
15		2					65						
16		2					66						
17		2					67						
18		2					68						
19		1					69						
20		1					70						
21	1						71						
22		4					72						
23		4					73						
24		4					74						
25		4					75						
26		4					76						
27		4					77						
28		6					78						
29							79						
30							80						
31							81						
32							82						
33							83						
34							84						
35							85						
36							86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	6						TOTAL IND.						
TOTAL DEP.	63						TOTAL DEP.						
TOTAL CLAIMS	69						TOTAL CLAIMS						